

**IN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF TEXAS
HOUSTON DIVISION**

Najat Elsayed,

Plaintiff,

v.

The University of Houston,

Defendant.

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C.A. No.4:11-cv--3636

(JURY TRIAL DEMANDED)

PLAINTIFF'S RESPONSE TO DEFENDANT'S PARTIAL MOTION TO DISMISS

EXHIBIT B

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If Job Applicant, Date You Applied for Job n/aJob Title Applied For n/a**4. What is the reason (basis) for your claim of employment discrimination?**

FOR EXAMPLE: if you feel that you were treated worse than someone else because of race, you should check the box next to Race. If you feel you were treated worse for several reasons, such as your sex, religion and national origin, you should check all that apply. If you complained about discrimination, participated in someone else's complaint, or filed a charge of discrimination, and a negative action was threatened or taken, you should check the box next to Retaliation.

☐ Race ☒ Sex ☐ Age ☐ Disability ☐ National Origin ☐ Religion ☒ Retaliation ☒ Pregnancy ☐ Color (typically a difference in skin shade within the same race) ☐ Genetic Information: choose which type(s) of genetic information is involved:

☐ i. genetic testing ☐ ii. family medical history ☐ iii. genetic services (genetic services means counseling, education or testing)

If you checked color, religion or national origin, please specify: Muslim/Islam: Arab Lebanese

If you checked genetic information, how did the employer obtain the genetic information? n/a

Other reason (basis) for discrimination (Explain). n/a

5. What happened to you that you believe was discriminatory? Include the date(s) of harm, the action(s), and the name(s) and title(s) of the person(s) who you believe discriminated against you. Please attach additional pages if needed.

(Example: 10/02/06 - Discharged by Mr. John Soto, Production Supervisor)

A) Date: Action: See attached documentation

Name and Title of Person(s) Responsible:

B) Date: Action: See attached documentation

Name and Title of Person(s) Responsible: See attached documentation

6. Why do you believe these actions were discriminatory? Please attach additional pages if needed.

See attached documentation

7. What reason(s) were given to you for the acts you consider discriminatory? By whom? His or Her Job Title?

See attached documentation

8. Describe who was in the same or similar situation as you and how they were treated. For example, who else applied for the same job you did, who else had the same attendance record, or who else had the same performance? Provide the race, sex, age, national origin, religion, or disability of these individuals, if known, and if it relates to your claim of discrimination. For example, if your complaint alleges race discrimination, provide the race of each person; if it alleges sex discrimination, provide the sex of each person; and so on. Use additional sheets if needed.

Of the persons in the same or similar situation as you, who was treated better than you?

A. Full Name	Race, sex, age, national origin, religion or disability	Job Title
See attached documentation		
Description of Treatment		
B. Full Name	Race, sex, age, national origin, religion or disability	Job Title
See attached documentation		
Description of Treatment		

Of the persons in the same or similar situation as you, who was treated *worse* than you

A. Full Name	Race, sex, age, national origin, religion or disability	Job Title
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Description of Treatment

B. Full Name	Race, sex, age, national origin, religion or disability	Job Title
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Description of Treatment

Of the persons in the same or similar situation as you, who was treated the *same* as you?

A. Full Name	Race, sex, age, national origin, religion or disability	Job Title
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Description of Treatment

B. Full Name	Race, sex, age, national origin, religion or disability	Job Title
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Description of Treatment

Answer questions 9-12 only if you are claiming discrimination based on disability. If not, skip to question 13. Please tell us if you have more than one disability. Please add additional pages if needed.

9. Please check all that apply:

- ☐ Yes, I have a disability
- ☐ I do not have a disability now but I did have one
- ☐ No disability but the organization treats me as if I am disabled

10. What is the disability that you believe is the reason for the adverse action taken against you? Does this disability prevent or limit you from doing anything? (e.g., lifting, sleeping, breathing, walking, caring for yourself, working, etc.).

11. Do you use medications, medical equipment or anything else to lessen or eliminate the symptoms of your disability?

Yes ☐ No ☐

If "Yes," what medication, medical equipment or other assistance do you use?

12. Did you ask your employer for any changes or assistance to do your job because of your disability?

Yes ☐ No ☐

If "YES", when did you ask? _____ How did you ask (verbally or in writing)? _____

Who did you ask? (Provide full name and job title of person)

Describe the changes or assistance that you asked for:

How did your employer respond to your request?